

2018-08-23 14:21 BB&T - N. Charleston

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P 3/11

278037

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2018 - 280 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Daniela Chavarin Laraza taxi

(Please type or print)

Submitted by: Laraza taxi

Telephone: 843-303-7419

Address: 1458 Bishop Green

Fax:

Lane, N. Charleston, SC

Other:

294120

Email: larazataxi@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
AUG 24 2018
PSC OFFICE
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 8-24-18

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

La Raza Taxi LLC
1. Laraza taxi

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

4468 Bishop Greenlane N. Charleston, SC 29412
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-303-7419

Phone

Fax

larazataxi07@gmail.com

Email Address

larazataxi 07@gmail.com

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate

Value of Motor Vehicles

Cash on Hand

Cash in Bank

Value of Other Assets and Equipment

Total Assets

Liabilities:

Mortgage/Loan on Real Estate

Loans Owed on Motor Vehicles

Business/Other Loans Owed

Other Liabilities or Debts

Total Liabilities

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

2018-08-23 14:21 BB&T - N. Charleston

8435692121 >>

P 6/11

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$ 2.50 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 23rd day of August, 2018


Notary Public

Commission Expires

EDUARDO MATIZ
Notary Public - State of South Carolina
My Commission Expires December 6, 2023

Print Application

ONYX INSURANCE COMPANY, INC. A RISK RETENTION GROUP

237 Kearny Street, #143

San Francisco, CA 94108

CONFIRMATION OF COVERAGE COMMERCIAL AUTOMOBILE LIABILITY INSURANCE BINDER

INSURED: LA RAZA TAXI LLC.

DATE: 8/14/2018

ADDRESS: 4958 BISHOP GREEN LN, North Charleston, South Carolina, 29420

POLICY NUMBER: OIG-SC-0002150

EFFECTIVE DATE: (12:01 AM Local Time): 08/14/2018

EXPIRATION DATE (12:01 AM Local Time): 08/14/2019

COVERAGE: Commercial Automobile Liability Insurance

LIMITS OF LIABILITY: \$100,000.00

UNINSURED MOTORISTS: \$25,000.00/\$50,000.00/\$0.00

UNDERINSURED MOTORISTS: \$25,000.00/\$50,000.00/\$0.00

PERSONAL INJURY PROTECTION: \$0.00

DEDUCTIBLE PER INCIDENT: \$0.00

AGGREGATE DEDUCTIBLE \$0.00

OF INSURED UNITS: 1

PREMIUM PER UNIT: \$3,147.00

TOTAL PREMIUM: \$3,147.00

MINIMUM EARNED: 25%

TOTAL TAXES: \$45.69

TOTAL FEES: \$275.00

As a requirement of coverage under this policy, all covered autos must have a properly installed video camera approved by us and which is turned on and properly functioning, within 10 days of the Effective Date shown above or within 7 days of the receipt of the cameras.

In the event an accident or incident occurs 10 days after the Policy Effective Date or after the 7 day period granted for installing the camera, and the camera is not properly installed, turned on, properly functioning and/or we are not provided with working video which fully depicts the accident in question, then a \$2,500 fee will be assessed.

PREMIUM IS DUE UPON DATE OF BINDING AND HAS TO BE RECEIVED ON OUR OFFICE NO LATER THAN FIVE (5) WORKING DAYS FROM THE EFFECTIVE DATE. FAILURE TO RECEIVE THE PREMIUM WILL RESULT IN IMMEDIATE FLAT CANCELLATION WITH NO COVERAGE BEING IN FORCE.



Jason Sears - Secretary
(Authorized Representative)

For inquiries contact:

Policy Support at transportationpolicysupport@rivpartners.com 415-429-4924

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

LA RAZA TAXI LLC**Corporate Information****Entity Type:** Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina
State:****Registered Agent****Agent:** Daniela Chocon**Address:** 4958 Bishop Green LN
North Charleston, South Carolina 29420**Important Dates****Effective Date** 10/16/2017**Expiration N/A
Date:****Term End N/A
Date:****Dissolved N/A
Date:****Official Documents On File**

Filing Type	Filing Date
Articles of Organization	10/16/2017

For filing questions please contact us at 803-734-2158

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South Carolina Secretary of State Mark Hammond
Business Entities Online
 File, Search, and Retrieve Documents Electronically

This filing has been submitted and filed successfully.

Customer Receipt

Request Certified Documents
 Submit a document request at
<https://web.sc.gov/SOSDocumentRetrieval/>

Transaction Information

Transaction ID: 103924
Entity Name: LA RAZA TAXI LLC
Receipt Date: 10/16/2017 1:55:20 PM
Payment Type: Cash

Charges

Pricing Summary

Item	Price
ARTICLES OF ORGANIZATION	\$110.00
Total Cost	\$110.00
Total Amount Paid	\$110.00

Note: Your bank statement may reflect that the charge was made by SC.gov.

Filing Information

Contact Information

Name: Daniela Chocon
Address: 4958 Bishop Green LN
North Charleston, South Carolina
29420

Documents Filed

Filing ID	Filing Type
	ARTICLES OF ORGANIZATION

For filing questions please contact us at 803-734-2158

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2018-08-23 14:21 BB&T - N. Charleston

8435692121 >>

P 8/11

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Daniela Chacon / Laraza taxi
Name of Applicant

4958 Bishop Green Lane N. Charleston SC 29420
Address of Applicant

Amount of Premium:Limits Quoted: (See Below)

Liability Insurance \$ 100,000.00

Limits 100,000.00

The above quoted premium is for a term of 12 months months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Lata ONYX Insurance Company
Name of Insurance Company

237 Keamy St #143 San Francisco CA 94108
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

2018-08-23 14:20 BB&T - N. Charleston

8435692121 >>

P 1/11

LARAZAT-01

JVELAZQUEZ

SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY



COMMERCIAL



PERSONAL

Rivington Partners

POLICY NUMBER

OIC-SC-0002150

EFFECTIVE DATE

08/14/2018

EXPIRATION DATE

08/14/2019

YEAR

MAKE/MODEL

2000

TOYOTA SIENNA

VEHICLE IDENTIFICATION NUMBER

4T3ZF13C8YU237991

AGENCY/COMPANY ISSUING CARD

Research Underwriters LLC

151 NW 1st Avenue

Delray Beach, FL 33444

INSURED

La Raza Taxi LLC

4358 Bishop Groon Lane

North Charleston, SC 29420-9023

Coverage Meets SC Minimum Financial Responsibility Requirements

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

2018-08-23 14:21 BB&T - N. Charleston

8435692121 >>

P 9/11

Exhibit Fit, Willing, and Able (FWA)

Daniel r Chacor

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No